

EDWARD W. WIENING, CLERK  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF CALIFORNIA

AUG 2 2007

MRS LOUIS T. RECHT  
DR. CAROL RECHT DC  
TIMOTHY HORT

DIAGNOSES: Plaintiff,  
MURDERER, HAN, UP, HAD  
FELONY, THEN CIA, FBI

REMARKS OF CHAIRMAN  
T. R. HALL

LYNDE TON PINE MARCIA MILES  
 PHILLIS CAMPBELL KENNETH  
 CAMPBELL PETER CAMPBELL  
 DR CAMPBELL WILLIAM MILES  
 LORRA MILES

Defendant

CASE NO.

## **APPLICATION TO PROCEED IN FORMA PAUPERIS**

**(Non-prisoner cases only)**

**WDB**

I, Dr. Carlos Roberto De la Cruz, declare, under penalty of perjury, that the foregoing is a true and correct copy of the original document.

I, \_\_\_\_\_, declare, under penalty of perjury that I am the plaintiff  
in the above entitled case and that the information I offer throughout this application is true and  
correct. I offer this application in support of my request to proceed without being required to  
prepay the full amount of fees, costs or give security. I state that because of my poverty I am  
unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes      No ^

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 1800.00 Net: 1620.00

Employer: SSA

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2  
3  
4  
5 2. Have you received, within the past twelve (12) months, any money from any of the  
6 following sources:

7 a. Business, Profession or  
8 self employment?

Yes \_\_\_ No \_\_\_

9 b. Income from stocks, bonds,  
10 or royalties?

Yes \_\_\_ No \_\_\_

11 c. Rent payments?

Yes \_\_\_ No \_\_\_

12 d. Pensions, annuities, or  
13 life insurance payments?

Yes \_\_\_ No \_\_\_

14 e. Federal or State welfare payments,  
15 Social Security or other govern-  
16 ment source?

Yes \_\_\_ No \_\_\_

17 If the answer is "yes" to any of the above, describe each source of money and state the amount  
18 received from each.

19  
20  
21 3. Are you married?

Yes \_\_\_ No \_\_\_

22 Spouse's Full Name: Dr. Louis T. Decker MD

23 Spouse's Place of Employment: UNIVERSITY OF MICHIGAN

24 Spouse's Monthly Salary, Wages or Income: UNLIMITED

25 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

26 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

27 b. List the persons other than your spouse who are dependent upon you for support  
28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

\_\_\_\_\_

\_\_\_\_\_

5. Do you own or are you buying a home? X STOLEN SALE Yes     No    

Estimated Market Value: \$                      Amount of Mortgage: \$                     

6. Do you own an automobile? YES STOLEN TITLES Yes     No    

Make                      Year                      Model                     

Is it financed? Yes     No     If so, Total due: \$                     

Monthly Payment: \$                     

7. Do you have a bank account? Yes X No     (Do not include account numbers.)

Name(s) and address(es) of bank: WELLS FARGO BANK IN THE MOUNTAIN

WELLS FARGO BANK  
WELLS FARGO BANK

Present balance(s): \$                     

Do you own any cash? Yes     No X Amount: \$                     

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes     No X

\_\_\_\_\_

8. What are your monthly expenses?

Rent: \$                      Utilities:                     

Food: \$                      Clothing:                     

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
WELLS FARGO BANK	\$ <u>                    </u>	\$ <u>                    </u>
WELLS FARGO	\$ <u>                    </u>	\$ <u>                    </u>
BANK OF AMERICA	\$ <u>                    </u>	\$ <u>                    </u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

\_\_\_\_\_

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes X No     

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

VISA, HAROLD FINE INC, UNITED STATES

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

August 27, 2007 Dr. Charles Recht PC Dr. Chang Recht PC  
~~Harold Fine Inc~~ Local Agency Ms. John Recht

DATE

SIGNATURE OF APPLICANT